

**CLAIMS ONLY**

Application Number

10780933

**Filing Date**

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
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13						
14						
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16						
17	1					
18		1				
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49						
50						
Total Indep	1					
Total Depend	4					
Total Claims	5					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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100						
Total Indep						
Total Depend						
Total Claims						